THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) National Rural Health Mission (NRHM) launched in 2005 is seeking to address the inadequacies in health infrastructure through provision of funds to public health as per the norms enlisted in Indian Public Health Standards (IPHS). The State/UTs Governments reflect their priorities for upgradation of health services in their annual Programme Implementation Plan under NRHM. Funds are released to State/UT Governments as per the approval of National Programme Coordination Committee (NPCC) under NRHM.

Though the major objective is strengthening the public health system, NRHM seeks engagement for pro-people partnership with voluntary sector for improved access and delivery of health services especially to, the vulnerable sections of the society.

(e) Yes, Sir. The main objectives of the National Health Policy 2002. of the country are as under:

- To achieve an acceptable standard of good health amongst the general Population of the country.
- Increased access to the decentralized public health system by establishing new infrastructure in deficient area and by upgrading the infrastructure in the existing institutions.
- To ensure more equitable access to health service across the social and geographical expanse of the country.
- Emphasis will be given to increasing the aggregate public health investment through a substantially increased contribution by Central Government.
- The contribution of private sector in providing health services would be much enhanced, particularly for the population which can afford to pay for services.
- Primacy will be given to preventive and first line curative initiatives at primary health level through increased sectoral share of allocation.
- Emphasis will be laid on rational use of drugs within the allopathic system.
- Increased access to tried and tested systems for traditional medicine will be ensured.

Appointment of health experts in rural areas

614. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposes to appoint public health experts in rural areas of States especially in hilly areas like Himachal Pradesh for effective implementation of health care schemes;

(b) if so, the details of the way these experts tackle the problems in the States;

(c) whether these experts would also organize campaign for making people of rural areas aware of the health schemes; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) National Rural Health Mission (NRHM) provides for Human

Resources for health as per Indian Public Health Standards (IPHS). State Governments present annually Programme Implementation Plan (PIP) against the resource envelope provided to them under NRHM. The additional human resource deployed through such arrangement work to strengthen the public sector health system under NRHM.

Construction of CGHS dispensary at Gurgaon

615. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a plot of land was purchased from Government of Haryana at Gurgaon for construction of building for CGHS dispensary there;

(b) what are the reasons that the work has not yet been started; and

(c) whether Government proposes to start the work immediately and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Approval from HUDA for the construction of a building for CGHS, Gurgaon has not yet been received. After the approval is received and funds being made available, work on the construction of the CGHS dispensary building will commence.

Pay fixation

616. SHRI N.R. GOVINDARAJAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Sixth Pay Commission recommended and accepted pay scale of Nursing personnel, are hot properly implemented at the time of pay fixation;

(b) whether at the time of pay fixation only grade pay is given to them and pay in the pay band is not given;

(c) if so, the details thereof;

(d) whether there are discrepancies in promotional cadre as there was difference of Rs.500 at the entry of promotion and Rs.1000 at the end of scale previously but now there is difference of Rs.200 in grade pay only on promotion as the scale is same; and

(e) if so, the details thereof and steps taken to implement pay scale of Nursing personnel properly?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Sixth Pay Commission recommendations as accepted, by the Government have been implemented as per Central Civil Services (Revised Pay) Rules, 2008, however implementation/fixation is required to be done at the concerned institution.

(d) and (e) The Pay Commission has merged certain categories of nursing personnel because of which some cadres of nursing personnel have been merged. Government of India has prescribed appropriate procedures to settle anomalies arising out of the implementation of 6th Pay Commission's recommendations.